MULT 99216

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 98573

START CARD # 201330

(1) LAND OWNER

Owner Well I.D. _____

First Name John Last Name Orlando

Company _____

Address 12735 NW Skyline Blvd.

City Portland State OR Zip 97213

(2) TYPE OF WORK

☐ New Well ☒ Deepening ☐ Conversion
☒ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Community
☐ Industrial/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 765 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs
5.75	720	765					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☐ Other _____

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
○	◉	4.5	☐	25	765	200#	○	◉	☒	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____

Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Drilled

Screens Type _____ Material PVC 200

Perf/ Screen	Casing/ Screen Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Liner	4.5	745	765	.5		80	PIPE

(8) WELL TESTS: Minimum testing time is 1 hour

○ Pump ○ Bailer ◉ Air ○ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
15.5		765	2
11		700	1

Temperature 60 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County MULTNOMA Twp 2 N N/S Range 2 W E/W WM

Sec 36 SE 1/4 of the NE 1/4 Tax Lot 500

Tax Map Number _____ Lot _____

Lat ° ' " or _____ DMS or DD

Long ° ' " or _____ DMS or DD

◉ Street address of well ○ Nearest address

12735 NW Skyline Blvd.

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening	06-04-2009		☐	605
Completed Well	06-08-2009		☐	605

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
06-04-2009		720	7.5		☐	605
06-08-2009	720	765	8		☐	605
					☐	
					☐	
					☐	

(11) WELL LOG

Ground Elevation _____

Material	From	To
6/03/2009 The pump & pit less removed		
6/04/2009 SWL checked @ 605 ft.		
Clean out well , open hole, tight spots	0	710
Fill, scale & rock debris	710	720
Yield test @ 7 to 8 gallons @ 720 ft. (1 hr. test)		
Casing seal not disturbed		
6/08/2009 Deepening:		
Gray-black basalt, hard, fractures	720	730
Gray-black basalt with black lava streaks	730	760
Gray-black basalt, hard, fractures	760	765

RECEIVED
JUN 10 2009
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 06-08-2009 Completed 06-08-2009

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

License Number _____ Date _____

Password : (if filing electronically) _____

Signed _____

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

License Number 573 Date 06-09-2009

Password : (if filing electronically) _____

Signed _____

Contact Info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

Form Version: 0.88